

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, SW
Atlanta, Georgia 30303

RE: CLAIM FOR DAMAGES

Today's Date: _____

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$_____ property and/or \$_____ bodily injury for which I contend the City is liable.

1. Date of incident: _____ 2. Time of incident: _____ 3. Police called: _____

4. Location of incident (including street address): _____

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: _____

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months from the date of the event.

I HEREBY SWEAR OR AFFIRM THAT THE
ABOVE INFORMATION IS TRUE AND
CORRECT.

Signature of Claimant

(Print Claimant's Name)

(Address)

(City, State and Zip Code)

(Work Number)

(Home Number)